Constituency Office of
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From the Desk of: ☐ Grace Camara ☐ Anne-Marie Millsap

Client Identification

NAME	
STREET ADDRESS	
CITY/PROVINCE	POSTAL CODE
CONTACT NUMBER: HOME:	WORK:
FILE IDENTIFICATION NO.	
SOCIAL INSURANCE NUMBER	
DATE OF BIRTH	

Authorization and Consent Waiver

This waiver form authorizes the Federal Constituency Office to release confidential constituent information to the appropriate government offices in order to resolve the concern addressed by the constituent named below.

I hereby authorize _____ of Dr. Goodyear's Federal Constituency Office to disclose information of any kind relating to me as identified below.

- ☐ Canada Revenue Agency
- ☐ Citizenship and Immigration Canada
- ☐ Human Resource Development Canada
- ☐ RCMP
- ☐ Veteran's Affairs
- ☐ All of the above.
- ☐ Other please specify:_____

CLIENT SIGNATURE: _____ DATE: _____

DESCRIPTION OF ISSUE